

External Evaluation of the Indian Health Service Billings Area Injury Prevention Program: Evaluation Report – Executive Summary

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Billings Area Evaluation Report – Executive Summary

This Executive Summary outlines the major findings outlined in the Billings Area Injury Prevention Program (IPP) Evaluation Report completed in December 2002 by Carolyn E. Crump, PhD and Robert J. Letourneau, MPH of the University of North Carolina. Included in this Executive Summary are the Program Stage of Development ratings for the 12 Evaluation Components used to guide the evaluation process:

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| 1. Mission/Vision | 7. Needs Assessment/Defined Service Population |
| 2. Resource Allocation/Accounting | 8. Surveillance Data Collection |
| 3. Management Support | 9. Injury Program Planning and Implementation |
| 4. Staffing/Roles and Responsibilities | 10. Marketing/Advocacy |
| 5. Training | 11. Evaluation/Reporting |
| 6. Partnerships/Collaboration | 12. Technical Assistance/Building Tribal Capacity |

A brief summary of recommendations is also provided in this Executive Summary for each Evaluation Component. Please refer to the full-text version of the Billings Area Evaluation Report for the following: a) background on the development of the evaluation process; b) summary of the Billings Area Evaluation Process; c) an overview of the Billings Area IPP; d) a description of the Program Stage of Development Process; e) contextual factors used to determine stage of development ratings; f) recommendations; and f) a list of resources for Billings Area IPP staff.

1. Mission/Vision

Basic	Intermediate	Comprehensive
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The Billings Area Injury Prevention Program (IPP) is between the **Intermediate** and **Comprehensive** stage of development for Mission/Vision. The Billings Area Injury Prevention Program has established program planning process for Area, Service Unit, and Tribal staff. To further develop these planning processes, structured planning steps and enhanced progress reporting techniques could be implemented in the Billings Area to further develop this evaluation component. Billings Area staff may want to consider adding review and feedback on draft Service Unit and Area plans developed during the annual program planning process. This review and feedback process, facilitated at annual EH/IP meetings, may generate discussion an ideas to improve the projects identified in the annual program plans. At annual EHSB meetings, EH staff with injury prevention responsibilities should assess and discuss how effective they have been at meeting the objectives outlined in annual plans. It may also be helpful to conduct a series of focus groups at some Tribal entities/Service Units to identify concerns among community members to inform local IP plans. A revised monthly reporting format could include additional questions asking staff to report challenges and/or next steps. A process to provide feedback to field staff on reports should be considered. Billings Area staff should consider developing program/work plans based upon the 12 Evaluation Components used for this Area Evaluation. For example, Evaluation Components rated as “basic” could be the priority for the short-term (next 1-2 years) or long-term (next 3-5 years). For each Evaluation Component, staff could list objectives, action steps (with identified staff members responsible for completing), and an appropriate timeline for completing tasks. Finally, the evaluators recommend that Acting Area IP Specialist John Sery plan to include specific IP items and allocate appropriate time on the agenda to discuss IP during annual EH/IP meetings.

2. Resource Allocation/Accounting

Basic	Intermediate	Comprehensive
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The Billings Area IPP is at the **Basic** stage for Resource Allocation/Accounting. The Acting Area IP Specialist in the Billings Area does not have control or significant input into the annual budget for the Billings Area Injury Prevention Program. Area administrators are encouraged to involve the Acting Area IP Specialist in the budgetary process. The evaluators recommend that the Billings Area also consider resuming the competitive small project proposal process. The Area will need to first allocate funds to support Area Office services (e.g., training, technical assistance) to all the Service Units/Tribes in the Billings Area with remaining funds available to Tribes on a competitive basis. Coinciding with this new funding approach, the evaluators recommend that the Area IP Specialist prepare, on an annual basis, a draft budget for use of funds to benefit Area-wide activities and circulate the draft among field staff asking for their comments and suggested revisions via phone, email, or in person. A formalized process of announcing, distributing, and tracking injury prevention program funding available to Service Units/Tribes should also be developed in the Billings Area. Field and Tribal staff should be provided with the criteria by which project proposals will be evaluated/selected for funding. Funded projects should also be required to report the extent to which past special project funding has had measurable effects and whether the project met stated goals and objectives. Reports that are required at mid-year and upon project completion would allow the Acting Area IP Specialist to monitor project process. Finally, the evaluators encourage on-going IHS staff training in proposal development, budget formulation, budget monitoring, and budget reporting be provided to Billings Area Injury Prevention Program staff.

3. Management Support

Basic	Intermediate	Comprehensive
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The Billings Area IPP is at the **Basic** stage of development for Management Support. Success of injury prevention programs often depends on the support provided to the program from upper management staff at the Area Office and/or Tribal government. While some implicit support for the Billings Area Injury Prevention program appears to exist among Area Office staff, the back-filling of a full-time Area Injury Prevention Specialist in the Billings Area would indicate stronger management support for the Billings Area Injury Prevention Program. The evaluators also suggest that additional exposure and discussion regarding the Billings Area and Service Unit/Tribal injury prevention program activities be developed to educate Service Unit Directors and Tribal leaders about the importance of injury prevention (e.g., through training). For example, developing a standard oral presentation designed for use with multiple audiences (e.g., SUDs, medical staff, medical records staff, Tribal leaders) that can be modified to include local concerns would be beneficial. In addition, a comprehensive data report showing the severity and consequences of injuries in the Billings Area would be useful in informing and educating Tribal leaders about the importance of injury prevention as a priority health issue. Finally, giving injury prevention-related performance awards, a practice in place in several other IHS Areas, should be considered in the Billings Area, as it provides beneficial recognition for jobs well done.

4. Staffing/Roles and Responsibilities

Basic	Intermediate	Comprehensive
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The Billings Area IPP is between the **Basic** and **Intermediate** stage of development for Staffing/Roles and Responsibilities. The EHS Branch Chief has been serving for approximately 10 years in an Acting

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capacity as the Area IP Specialist. The evaluators learned that financial barriers exist (e.g., lack of RRM to support IP) limiting the Area's ability to fill the Area IP Specialist position. Given the importance of injury prevention to the overall health of American Indians, it is important that this staffing decision be reconsidered. While the evaluators realize that the Billings Area EHS RRM provides funding for only 50 percent of identified need, providing one full-time staff person on injury prevention would allow for increased technical assistance, training, and program development for injury prevention in the Billings Area. Field staff find it difficult to devote the expected 30 percent of their time on injury prevention. Given these factors, back-filling the Area IP Specialist position may foster increased injury prevention activity at the local level. Position descriptions for Billings Area, Service Unit, and Tribal environmental health/injury prevention staff should be reviewed and revised to outline more specific injury prevention job duties and responsibilities. The evaluators suggest that supervisors use the annual injury prevention workplans developed by field staff as the basis for providing constructive feedback to field staff on injury prevention performance.

5. Training

Basic	Intermediate	Comprehensive
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The Billings Area IPP is between the **Basic** stage of development for Training. This evaluation component's stage of development could be improved through the provision of additional or continued training to IHS staff and Tribal members within the Area. To achieve this, all staff in the Billings Area will be required to provide active assistance in marketing for and recruitment to future training activities. The evaluators therefore recommend that Service Unit and Tribal staff conduct follow-up calls or visits regarding all training announcements/opportunities that are distributed from the Area Office. The evaluators recommend that Area and Service Unit staff also conduct tailored recruiting of qualified participants for trainings held within and outside the Area. In addition, as new staff are hired in the Area, the evaluators strongly recommend that a priority be to hire staff who have either already completed the Fellowship Program or who are interested in doing so after starting work in the Billings Area. Follow-up with course participants from the Billings Area after training is provided should also be conducted (e.g., through the development of a training program database). In addition, the evaluators recommend that the Billings Area staff consider developing an abridged Level I training course, designed to provide education and information about injury prevention (e.g., financial and social burdens, cost savings of prevention, types of effective interventions) in the Area to Tribal decision-makers (e.g., Service Unit Directors, Health Directors, Tribal Council members). In addition, as more Tribes receive IHS Tribal Injury Prevention Cooperative Agreements Program funding, the need for specific workshops may increase, for example: program management; program implementation; identifying resources; writing grants; and program sustainability. Planning to ensure that these potential training needs are met by Billings Area IP staff should take place. As part of the annual Billings Area program planning process and at regular Billings Area EH/IP meetings, the needs for specialized training (e.g., grant writing) for IP should be identified. Finally, the evaluators encourage the Area IP Specialist to consider an approach used in other Areas to focus IP discussions at annual EH/IP meetings (i.e., to share 'lessons learned' or 'success stories').

6. Partnerships/Collaboration

Basic	Intermediate	Comprehensive
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The Billings Area IPP is between the **Basic** and **Intermediate** stage of development for Partnerships/Collaboration. The Billings Area IP Program is currently well poised to increase Area-wide participation in collaborative building and/or restructuring of the Billings Area Injury Prevention Program. With the

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formation of the new Billings Area IP Committee in November 2001, the opportunity is ripe for Tribal entities in the Billings Area to identify injury prevention project and training priorities for Billings Area staff. It is also a crucial time for the committee to serve as an advocacy group, formed to better inform and educate Tribal and IHS leaders in the Billings Area about the importance of and consequences related to injuries among American Indians in Montana and Wyoming, as well as to lobby and advocate for increased priority that injuries receive among other Tribal Health priorities. The newly re-formed Billings Area IP Committee would benefit from financial support, therefore, the evaluators strongly recommend that resources be identified to support and maintain this IP Committee. Based on a budget to support the Committee, Billings Area IP funds could be ‘set aside’ and used for travel expenses, training expenses, and/or provision of technical assistance resources to committee members. Billings Area IP staff should also consider hiring an external facilitator to conduct future committee meetings, until such time that the committee is functioning on its own (e.g., with committee bylaws, management roles and responsibilities assigned). In an era of diminishing resources there is much value in spending time to develop relationships and collaborative efforts. Professionals and those representing other federal, state, and local agencies will more likely support a project if there is a clear proposal and the ideas are organized in a timeline with stated goals and objectives with the responsible parties indicated. Few Tribes in the Billings Area have active Injury Prevention Committees or Coalitions. The evaluators emphasize the importance of Area, District, and Service Unit staff showing community members their commitment to developing and maintaining a coalition. The evaluators emphasize the importance of Area and Service Unit staff showing community members their commitment to developing and maintaining a coalition.

7. Needs Assessment/Defined Service Population

Basic	Intermediate	Comprehensive
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The Billings Area IPP is at the **Basic** stage of development for Needs Assessment/Defined Service Population. For the Billings Area to move to the next stage of development for this Evaluation Component, staff should consider developing more formal procedures to collect needs assessment data. Information should be collected from Service Unit and Tribal staff (e.g., at annual EH/IPP or IP Committee meetings) as well as with community members (e.g., via local community injury prevention coalitions or as part of a planned needs assessment data collection activity/project). In addition, the evaluators recommend that the link be made in all Service Unit/Tribes between the collection of needs assessment data and annual program planning activities. The evaluators strongly recommend that the newly re-formed Billings Area IP Committee serve as a source of needs assessment data. Their input into the identification and prioritization of injury prevention needs in the Billings Area, so that Area-wide activities can be tailored to support those needs, will prove invaluable to the future direction of the Billings Area IP Program. An easy-to-read format summarizing needs assessment data should also be developed, to serve as a tool to market or lobby for the injury prevention program (e.g., through the development of community profiles). Finally, the evaluators suggest that Billings Area staff consider supporting one or more Photovoice projects. Photovoice is a methodology to reach, inform, and organize community members, enabling them to prioritize their concerns and discuss problems and solutions. This “needs assessment” method also promotes critical dialogue and knowledge about personal and community issues through large and small group discussions of photographs and therefore has the potential to reach policy makers. In addition to identifying community members’ perceived injury prevention needs and interests, a community capacity assessment could be completed (see resources by Kretzman and McKnight).

8. Surveillance Data Collection

Basic	Intermediate	Comprehensive
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The Billings Area IPP is at the **Basic** stage of development for Surveillance Data Collection. Given staffing limitations at the Area Office (i.e., only having an Acting Area IP Specialist), the evaluators note the difficulties inherent in establishing and maintaining a data collection system in the Billings Area. However, to further develop this evaluation component, the Billings Area Injury Prevention Program should develop more enhanced injury surveillance efforts. The Area IP Specialist is encouraged to facilitate a process whereby Billings Area surveillance procedures and methods are improved. Back-filling a full-time IP Specialist in the Billings Area Office will allow for time and effort required to develop and maintain an effective injury surveillance system. Field staff should have the opportunity to assist with the creation of a revised injury surveillance data collection system in the Billings Area. Specifically, the development, pre-test, and roll-out of the new severe injury surveillance protocols/report forms should be discussed with all staff within the Area. To enhance local data collection, on-site technical assistance meetings/trainings and follow-up to address ongoing problems with data collection process and report forms may be required. The issues of confidentiality of medical records and miscoding of E-codes by clinical staff should also be addressed in the Billings Area. A Surveillance System Manual/Resource Binder (modeled after the Phoenix Area Injury Surveillance Protocol) should be developed and distributed to all Field staff. This manual/binder should provide step by step instructions on how to implement local severe injury surveillance. Related to this, observational protocols used by Service Unit staff should be standardized across Service Units.

9. Injury Program Planning and Implementation

Basic	Intermediate	Comprehensive
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The Billings Area IPP is at the **Basic** stage of development for Injury Program Planning and Implementation. As described in the Resource Allocation/Accounting evaluation component, the evaluators recommend that the process of competitively distributing injury prevention program funding be resumed in the Billings Area. To increase the effectiveness of the Billings Area injury prevention program activities, the evaluators encourage the staff to support a greater percentage of multiple levels of intervention (e.g., individual, vehicle/vector and environmental change) and should use multiple methods (e.g., health education, engineering, policy development, and enforcement). To move to a higher level for Injury Program Planning and Implementation, the evaluators recommend that Billings Area staff develop a strategic approach to reduce injury related morbidity and mortality in the Billings Area by specifically incorporating the four types of interventions outlined in the IOM's *Reducing the Burden of Injury Report* (Bonnie et al., 1999): 1) Changing individual behavior; 2) Modifying products or agents of injury; 3) Modifying the physical environment; and 4) Modifying the sociocultural and economic environment. While Billings Area IPP staff are not expected to take full responsibility for preventing intentional injuries, EH Staff contributions may be significant. It seems an appropriate issue to address through collaborative relationships with IHS Area departments and other organizations with responsibility for alcohol abuse prevention/treatment and mental health. As described in the Injury Surveillance Data Collection section of this report, given the limited amount of and difficulty in collecting local injury morbidity and mortality data, it is also appropriate for Area and Service Unit staff to encourage Tribes to develop and implement intervention projects that are considered in the public health literature as 'proven interventions' (e.g., occupant restraint; smoke alarm distribution).

10. Marketing

Basic	Intermediate	Comprehensive
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The Billings Area IPP is at the **Basic** stage of development for Marketing. Injury prevention marketing activities are limited in the Billings Area. The Billings Area Injury Prevention Program is well poised to increase its marketing and advocacy efforts. However, a full-time Injury Prevention Specialist is required to help coordinate and communicate Billings Area’s IP marketing activities. A well formed, functioning Billings Area IP Committee could also provide important assistance at marketing and advocating for injury prevention throughout the Billings Area. More specifically, the evaluators recommend that IP Committee members be responsible for developing marketing and advocacy plans for the Billings Area IP Program (e.g., identifying effective marketing techniques, media channels, and advocacy approaches). A Billings Area IP Program summary or brochure would be an excellent way to enhance the stage of development for this evaluation component. In addition, the evaluators recommend that the Area IP Specialist (or Tribal IP Committee) develop a set of Tribal Injury Prevention Profiles, updated annually, so that a current file exists on all the injury prevention activities that are being conducted at each Tribe. The evaluators note that an Area Director’s Awards Program for community injury prevention could become an excellent avenue for marketing the Area Injury Prevention Program. The development of Injury Prevention Program presentation for Tribal leaders is also a good approach at marketing the Billings Area’s IP Program. A standardized format for these presentations should be developed, by the Area IP Specialist and/or the IP Committee, so that consistent messages are communicated to Tribal leaders. The formation of a Billings Area-specific Injury Prevention Program webpage for the Billings Injury Prevention Program would also be beneficial and could become integrated with the recently revised IHS National Injury Prevention Program website. All materials developed to market the Area’s program should be updated and distributed annually to the Area’s list of Billings Area injury prevention practitioners or partners.

11. Evaluation/Reporting

Basic	Intermediate	Comprehensive
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The Billings Area IPP is at the **Basic** stage of Development for Evaluation/Reporting. For the Billings Area Injury Prevention Program to advance to the next stage of development for this Evaluation Component, more formal evaluation and reporting mechanisms should be put in place to monitor injury prevention intervention projects implemented at the Service Unit/Tribal level. Given current population-based distribution of project funds to Service Units/Tribes, funding provided to Tribes through the Billings Area project funding process is not based on project evaluation. The previously used competitive project funding process was not effective at evaluating projects, as IHS Area and Service Unit staff did not require final reports as a condition of funding, nor were specific evaluation formats provided to project coordinators. Despite the current funding mechanism, final reports should be required, at least upon project completion, as this would represent an improvement for the Acting Area IP Specialist to monitor project process, as he currently does in serving as the Project Officer for the Rocky Boy Tribal Injury Prevention Cooperative Agreements Program. In general, more follow-up (though report writing or evaluation summaries) on projects should be conducted in the Billings Area. The current reporting required by field staff is not conducive to assessing on a regular basis if activities are following stated annual goals and objectives. A report preparation workshop could be developed to instruct Service Unit and Tribal staff in methods needed to collect and summarize information regarding intervention projects. The evaluators also recommend that the Area IP Specialist develop a set of “indicators of success” (e.g., extent to which collaboration/partnership was established, number of people involved/reached, extent to which

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the capacity of the Tribe was developed) for Tribal small grant coordinators to use when reporting accomplishments of their projects. As a means to justify requests for additional resources to support intervention projects, the evaluators strongly recommend that appropriate training on evaluation strategies, methods, and techniques be provided to as many Area, Service Unit, and Tribal staff as possible.

12. Technical Assistance/Building Tribal Capacity

Basic	Intermediate	Comprehensive
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The Billings Area IPP is at the **Basic** stage of development for Technical Assistance/Building Tribal Capacity. With the advent of the IHS Tribal Injury Prevention Grants Program funding to Tribes, it is important for Billings Area and Service Unit Office IP staff to provide technical assistance to all Tribal Organizations in the Billings Area interested in working to prevent injuries and/or to submit proposals for grant funding. Assisting Tribal staff and local coalitions with strategic planning and evaluation reporting are two critical areas needed by Tribal members to increase the effectiveness of their injury prevention activities. Capacity building efforts through training have been successful at several Tribes in the Billings Area (e.g., Fort Peck) and as such, the evaluators encourages that a similar approach be used with key staff involved with IP activities at other Tribes in the Billings Area. Most importantly, establishing a functioning, and well-organized Billings Area Injury Prevention Committee may also raise awareness of the importance of IP among both Tribes in the Billings Area. Committee member input into the identification and prioritization of injury prevention needs in the Billings Area, so that Area-wide activities can be tailored to support those needs, will prove invaluable to the future direction of the IP Program. In addition, conducting regular trainings for Tribal leadership (e.g., Tribal Council members) about the severity, costs, and consequences of injuries may prove beneficial in building the capacity for injury prevention of all Tribes in the Billings Area. The Billings Area IP Committee could be encouraged to develop a relationship with other Area, state, regional, and national programs that address specific issues important to the safety of Tribal members.

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In summary, the Billings Area Injury Prevention Program is at the following Stages of Development for the 12 Evaluation Components used to guide the Evaluation:

Evaluation Component	Stage of Development		
	Basic	Intermediate	Comprehensive
Mission/Vision	Basic	Intermediate	Comprehensive
Resource Allocation/Accounting	Basic	Intermediate	Comprehensive
Management Support	Basic	Intermediate	Comprehensive
Staffing/Roles & Responsibilities	Basic	Intermediate	Comprehensive
Training	Basic	Intermediate	Comprehensive
Partnerships/Collaboration	Basic	Intermediate	Comprehensive
Needs Assessment/Defined Service Population	Basic	Intermediate	Comprehensive
Surveillance Data Collection	Basic	Intermediate	Comprehensive
Injury Program Planning and Implementation	Basic	Intermediate	Comprehensive
Marketing	Basic	Intermediate	Comprehensive
Evaluation/Reporting	Basic	Intermediate	Comprehensive
Technical Assistance/Building Tribal Capacity	Basic	Intermediate	Comprehensive

Billings Area Injury Prevention Program staff should use the results, recommendations, and resources provided in this report to develop an Action Plan to enhance the stages of development for each Evaluation Component used in this assessment process.